

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

04 — 07

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

Aug. 1, 2004

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 435

7. FEDERAL BUDGET IMPACT

a. FFY 2004 \$ (68,000)

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A Supplement 3, p1 of 1.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Same Page

10. SUBJECT OF AMENDMENT

Limits on Patient pay Amounts for Non-Covered Medical Services and Supplies

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

Secretary, Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Patrick W. Finnerty

14. TITLE

Director

15. DATE SUBMITTED

16. RETURN TO

Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulation Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

7/9/04

18. DATE APPROVED

SEP 23 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

8/1/04

20. SIGNATURE OF REGIONAL OFFICIAL

Susan Cuerton

21. TYPED NAME

SUSAN CUERTON

22. TITLE

ACTING ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

12 VAC 30-40-235. Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid

The Medicaid Agency meets the requirements of 42 C.F.R. § 435.725 and § 435.832, and § 1924 of the Social Security Act, in that the agency will deduct amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including medically necessary or remedial care recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits as follows:

All medical or remedial goods and services not subject to payment by a third party and not covered by Medicaid but recognized under State law, must be prescribed by a physician, dentist, podiatrist or other practitioner with prescribing authority pursuant to Virginia law. The maximum amount that may be deducted from the patient's income for nursing facility residents shall be the maximum amount reimbursed by the higher of either Medicare or Medicaid for the same non-covered items or services.

If neither Medicaid nor Medicare has an allowed amount for the service rendered, then DMAS will protect from individual's income:

- A. For services, the amount of the provider's usual and customary charge; or
- B. For supplies and durable medical equipment, the actual invoice cost plus the lesser of either:
 - 1. The labor charges; or
 - 2. A 30% markup from the invoice.

TN No. 04-07
Supersedes
TN No. 03-04

Approval Date SEP 23 2004

Effective Date 08/01/04

HCFA ID: 7985E